Application or Docket Numb r

Effective October 1, 2000  Obline 1, 2000  Obline 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	iπτγ	OR	OTHER SMALL	
то	TAL CLAIMS		39					RATE	=	FEE	M Ca	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			39 minus 20=		. 19			X\$ 9	=	17/00	ØВ	X\$18=	
INDEPENDENT CLAIMS			A minus 3 =		, 1			X40=	=	40.0	ÒВ	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				٠	+135	_		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA		5660	וג	TOTAL	
CLAIMS AS AMENDED - PART II									!		. ,	OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMAL	L E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus			<u></u>		X\$ 9:	-		OR	X\$18=	
ME	Independent	. 4	Minus 2	•••		-		X40=			ÓН	_X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1:405		e a samuel		***270=		
								'+135: TOT	?		ÖÄ	TOTAL	
		`			•	9	•	ADDIT. F			OR	ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	1 .				I 1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- .TIONAL FEE
	Total	. 50	Minus	3	9	= //		X\$ 9=	=	99	OR	X\$18=	
	Independent	· 6	Minus	•••	4	= 2		X40=		840	OR	:X80=	158
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=	
BEST AVAILABLE COPY								TOT ADDIT. F	AL EE	1834	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.50	Minus	50	)	= 0		X\$ 9:	_	) ;	OŔ	X\$18=	
AME	Independent	· (O	Minus		T CLAIRA	- 0		X40=			OR	<del>X8</del> 0=	
	FIRST PRESE	ENTATION OF M	OLITE DE	FENUEN	CLAIM		Ł	+135=	_		OR	+270=	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL

ADDIT, FEE

TOTAL

ADDIT. FEE